

COMPLIANCE CHECKLIST

▷ **Small Primary Care Facilities**

The following Checklist is for plan review of small hospital outpatient satellites and clinic facilities, and is derived from the AIA Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service. ☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

E = Requirement relative to an existing facility or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project. **W** = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
4. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.3**-") and the specific section number.

Facility Name:

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

3.3- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****1.2 APPLICABILITY**

- ☐ Primary care facility includes 3 exam/treatment rooms or less **or** ☐ Primary care facility includes more than 3 exam or treatment rooms:
Chapter 3.2 is applicable and Checklist OP2 must be completed

3.1-1.4 ENVIRONMENT OF CARE

- 1.4.1 ☐ Design ensures patient acoustical & visual privacy

3.1-1.6 FACILITY ACCESS

- 1.6.2 ☐ Building entrance
☐ grade level
☐ clearly marked
☐ access separate from other activity areas
 1.6.3 ☐ Design precludes unrelated traffic within the facility

140.209 ACCESS

- ☐ Primary care facility accessible to handicapped individuals

3.3-1.3.2 PARKING

- ☐ Min. 4 parking spaces for patients **or** ☐ Convenient public parking available
☐ Handicapped parking ☐ Handicapped parking
☐ Min. 1 parking space for each staff member on duty at any one time (information must be provided in Project Narrative)

3.1-2 DIAGNOSTIC & TREATMENT

- 140.203 ☐ Space designed for sight & sound privacy
- 3.1-2.1.1 ☐ Examination/treatment rooms ☐ Handwashing station
 (1) ☐ min. 80 sf (excluding vestibules & fixed casework) ☐ Portable or fixed exam light
 (2) ☐ min. clearance 2'-8" on sides & foot of exam table ☐ Min. 1 electrical duplex receptacle
- 3.1-2.1.1.3 ☐ documentation space with charting counter
- 3.3-2.1.3.2 ☐ Clean work area ☐ Handwashing station
☐ enclosed storage of clean & sterile supplies
- 140.204/2.1.7.5 ☐ Soiled workroom **or** ☐ Soiled holding room ☐ Handwashing station
☐ clinical flushing-rim sink ☐ patient care does not involve disposing of fluid waste ☐ Vent. min. 10 air ch./hr (exhaust)
☐ work counter
- 3.3-2.1.3.1 ☐ Patient/staff toilet room ☐ Handwashing station
☐ suitable for specimen collection ☐ Exhaust ventilation
- 3.3-2.1.3.4 ☐ Clinical supplies storage
 (1) ☐ sterile equipment & supplies
 (2) ☐ locked storage for biologicals & drugs
- 3.3-2.2.2.2 ☐ **BLOOD COLLECTION**
☐ Space for chair & work counter ☐ Handwashing station
- 140.206 ☐ **JANITOR'S CLOSET**
☐ storage for housekeeping supplies & equipment ☐ Floor service sink
☐ Exhaust ventilation

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.3-3.1** — PUBLIC AREAS**3.3-3.1.1** — ☐ Reception & information center or desk**3.3-3.1.2** — ☐ Waiting area
☐ space for individuals on wheelchairs**3.3-3.2** — ADMINISTRATIVE AREAS**3.3-3.2.1** — ☐ Office
☐ patient records storage
3.3-3.2.2 — ☐ Administrative supplies storage
3.3-3.2.3 — ☐ Staff storage
☐ locked storage (cabinets or secure drawers)
☐ convenient to workstations**GENERAL STANDARDS**DETAILS AND FINISHESCorridors (3.1-5.2.1.1)☐ Min. outpatient corridor width 5'-0"
☐ Min. staff corridor width 44"
☐ Fixed & portable equipment recessed does not reduce required corridor width
☐ Work alcoves include standing space that does not interfere with corridor width
☐ ☐ check if function not included in projectCeiling Height (3.1-5.2.1.2)☐ Min. 7'-10", except:
☐ 7'-8" in corridors, toilet rooms, storage rooms
☐ sufficient for ceiling mounted equipment
☐ Min. clearance 6'-8" under suspended pipes/tracksDoors (3.1-5.2.1.4)☐ Doors for patient use min. 3'-0" wideGlazing (3.1-5.2.1.5):☐ Safety glazing or no glazing within 18" of floorHandwashing Stations Locations (3.1-5.2.1.6)☐ located for proper use & operation
☐ sufficient clearance to side wall for blade handlesFloors (3.1-5.2.2.2)☐ Floors easily cleanable & wear-resistant
☐ washable flooring in rooms equipped with handwashing stations (Policy)
☐ wet-cleaned flooring resists detergents
☐ Thresholds & expansion joints flush with floor surface
(3.1-5.2.1.7)Walls (3.1-5.2.2.3)☐ Wall finishes are washable
☐ Smooth & moisture resistant finishes at plumbing fixturesELEVATORS

<input type="checkbox"/> Provide at least one elevator in multistory facility	or	<input type="checkbox"/> Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level
<input type="checkbox"/> wheelchair accessible		
<input type="checkbox"/> each elevator meets requirements of 3.1-6.2		

PLUMBINGHandwashing Station Equipment☐ Handwashing sink
☐ Hot & cold water supply
☐ Soap dispenser
☐ Hand-drying provisionsSink Controls (1.6-2.1.3.2)☐ Wrist controls or other hands-free controls at all handwashing sinks
☐ Blade handles max. 4½" longMECHANICAL☐ All rooms that do not have operable windows, as well as toilet rooms and utility rooms, must be provided with satisfactory mechanical ventilation. (140.208)